# **Application Data Sheet**

## **Application Information**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Nonvolatile Semiconductor Memory Device and
	Method of Retrieving Faulty in the Same
Attorney Docket Number::	001701.00201
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

#### **Applicant Information**

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Tadayuki

Middle Name::

Family Name:: Taura

Name Suffix::

City of Residence:: Zushi-shi

State or Province of Residence::

Country of Residence:: Japan

Street of mailing address:: c/o Kabushiki Kaisha Toshiba

1-1 Shibaura 1-chome

City of mailing address:: Minato-ku

State or Province of mailing address:: Tokyo

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 105-8001

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Shigeru

Middle Name::

Family Name:: Atsumi

Name Suffix::

City of Residence:: Yokohama-shi

State or Province of Residence::

Country of Residence:: Japan

Street of mailing address:: c/o Kabushiki Kaisha Toshiba

1-1 Shibaura 1-chome

City of mailing address:: Minato-ku

State or Province of mailing address:: Tokyo

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 105-8001

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Toru

Middle Name::

Family Name:: Tanzawa

Name Suffix::

City of Residence:: Ebina-shi

State or Province of Residence::

Country of Residence:: Japan

Street of mailing address:: c/o Kabushiki Kaisha Toshiba

1-1 Shibaura 1-chome

City of mailing address:: Minato-ku

State or Province of mailing address:: Tokyo

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 105-8001

**Correspondence Information** 

Correspondence Customer Number:: 22907

**Representative Information** 

Representative Customer Number:: 22907

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/234,704	09/05/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2001-272073	09/07/01	YES

### **Assignee Information**

Assignee name:: Kabushiki Kaisha Toshiba

Street of mailing address:: 1-1 Shibaura 1-chome

City of mailing address:: Minato-ku

State or Province of mailing address:: Tokyo

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 105-8001